

P.O. 5409 Department of Health Services

State of California—Health and Welfare Agency  
TOXIC SUBSTANCES CONTROL DIVISION  
714-744 P Street  
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST  
FORM NO. DHS-9022A 3-84

STATE ID NUMBER 83667751

Please print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS  
Oil & Solvent Process Company  
1704 West First Street  
Azusa, CA 91702  
AREA CODE/PHONE NUMBER 818-334-5117

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

CA ID 1010 8131012191013

TRANSPORTER NO. 1 NAME AND MAILING ADDRESS  
Oil & Solvent Process Company  
1704 West First Street  
Azusa, CA 91702

VEH/CONTAINER NO

EPA ID NUMBER

531153

CA D 1010813102191013

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
Omega Chemical Company  
12504 E. Whittier Blvd.  
Whittier, CA  
AREA CODE/PHONE NUMBER 213-698-0991

EPA ID NUMBER

CA ID 10142121415101011

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO TYPE

WASTE CAT. NO

DISP METH

Hazardous Waste Liquid N.O.S. ORM-E

NA 911819

3547

G

001ST

2112

01

COMPONENTS

CONC RANGE UPPER LOWER

UNITS % PPM

Trichlorofluoroethane

96

92

x

Methanol / Ethanol

3

1

x

Oil / Water / Dirt

4

2

x

SPECIAL HANDLING INSTRUCTIONS

Gloves and goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. 08

DAY 27

YR 84

Gary Bowling  
Printed or typed full name and signature

*Gary Bowling*

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Raymond Rivera  
Printed or typed full name and signature

*Raymond Rivera*

DATE REC'D & ACCEPTED

MO. 08

DAY 27

YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. 08

DAY 27

YR 84

Tim Balter  
Printed or typed full name and signature

*Tim Balter* CA 101422951091

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD